

## Internal Medicine Coding Alert

### Reader Question: Disregard Preventive Exam Codes for Skin Cancer Screening

Question: My physician saw a patient for a skin cancer screening. Should I use the preventive medicine service codes?

Florida Subscriber

Answer: Many insurance companies may not recognize preventive skin cancer screenings as being preventive medicine services otherwise reported using codes (99381-99397), since those codes describe "comprehensive" services that include an age and gender appropriate history and examination and other elements that may not be part of skin cancer screening. If that is the case with the payer in question, look instead at using an appropriate office or other outpatient visit code from the 99201-99215 range, such as CPT® 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity ...) or 99214 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity ...), with V76.43 (Special screening for malignant neoplasms; skin) as the diagnosis.

Important: Always select the E/M level based on actual documentation in the medical record. These visits can vary greatly depending on the patient's sun exposure, family history, number of existing nevi/lesions, and other factors.

Much better: If the patient has a history of skin cancer, look for other V codes that may further support the medical necessity of the service, like V13.3 (Personal history of other diseases; diseases of skin and subcutaneous tissue). Including a V code such as this might increase your chances of reimbursement, but always check payer guidelines before submitting your claim.